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CONFIRMATION NO. 7590

<b>SERIAL NUMBER</b> 10/067,087	<b>FILING OR 371(c) DATE</b> 02/04/2002 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> H00649/70001 RJP/CAB
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/266,139 02/02/2001

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

03/01/2002

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 41	TOTAL CLAIMS 63	INDEPENDENT CLAIMS 6
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>RS6</i>					

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## TITLE

System, method, and computer program product for medical treatment

<b>FILING FEE RECEIVED</b> 948	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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